TRANSMITTAL FORM

| | Application Number | 10/564,372 | |
|--|------------------------|--------------------|--|
| | Filing Date | 7/16/2004 | |
| | First Named Inventor | Frank Schilke | |
| | Art Unit | 1618 | |
| | Examiner Name | Blessing M. Fubara | |
| | Attorney Docket Number | 4385 - 053030 | |

| (to be used for all correspondence after initial filing) | | | Examiner Name | | Blessing M. Fubara | | | | |
|--|----------------------------------|------------------|---|-----------------|--|-----------------|--|--|--|
| Total Number of Pages in This Submission 8 | | | Attorney Doc | ket Number | 4385 - 053939 | | | | |
| ENCLOSURES (check all that apply) | | | | | | | | | |
| Fee Transmittal Form | | Drawing(s) | | After All to TC | lowance communication | | | | |
| Fee Attached | | Licensing-relate | d Papers | Appeal C | Communication to Board als and Interferences | | | | |
| Amendment / Reply | | | Petition | | Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) | | | | |
| After Final | | | Petition to conve Provisional App | | Proprieta | ary Information | | | |
| Affidavits/ | declaration(s) | | Power of Attorn Change of Corre Address | | Status Le | etter | | | |
| Extension of Tim | ne Request | | Terminal Discla | imer | Other Enclosure(s) (please identify below): | | | | |
| Express Abandor | nment Request | | Request for Refi | und | | | | | |
| Information Disc | Information Disclosure Statement | | CD, Number of | CD(s) | | | | | |
| Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts Under 37 CFR 1.52 or 1.53 The Commissioner for Patents is hereby authorized to charge any additional fees or underpayment of under 37 CFR 1.16 and 1.17 to Deposit Account No. 23-0650 | | | | | | | | | |
| | SIGNATUR | E OF A | APPLICANT, | ATTORNEY | OR AGENT | | | | |
| Firm Name | The Webb Law | Firm | | | | | | | |
| Signature A | | | | | | | | | |
| Printed Name Ann M. Cannoni | | | | | | | | | |
| Date | March 11, 2010 | | Reg. No. | | 35,972 | | | | |
| CERTIFICATE OF TRANSMISSION / MAILING | | | | | | | | | |
| I hereby certify that this correspondence is being electronically transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: | | | | | | | | | |
| Signature Melini A. Curke | | | | | | | | | |
| Typed or printed nam | ne Melissa A. V | Vvke | y .⁼ | | Date Marc | ch 11 2010 | | | |